

11/17  
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**LOCAL CULTURAL COUNCIL MEMBER DISCLOSURE FORM**

This form must be filled out **prior** to local decision-making meetings by each member who has a conflict of interest with any application.

1. Local Cultural Council (LCC) Name Acton Boxborough Cultural Council
2. LCC Member Name Susan Page
3. Address 107 Swanson Rd Boxborough MA
4. Name of appointing official Boxborough Board of Selectmen
5. Applications involved (Please give applicant names and the nature of the relationship between the LCC member and the applicant.)

APPLICANT NAME & MEMBER RELATIONSHIP	REQUEST AMOUNT
<u>Acton Memorial library - Poetry Events</u>	<u>\$ 800-</u>
<u>Volunteering on the Celebration Committee</u>	

6. Will you (or an immediate family member) receive money if this grant is awarded, either as an artist or as an employee of the applicant organization? ☐ YES ☒ NO  
(Please check one.)

☛ If you answered "yes" to the above question, section "A" below must be completed.

<u>Susan Page</u>	<u>10/30/03</u>
SIGNATURE OF LCC MEMBER	DATE
<u>Jean Butler</u>	<u>10-30-03</u>
SIGNATURE OF LCC CHAIR	DATE

**A. INTEREST EXEMPTION**

As clerk of the local legislative body, I certify that a disclosed interest in the above matter has been duly exempted by the local legislative body.

_____ SIGNATURE OF TOWN/CITY CLERK	_____ DATE
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**B. WAIVER**

I have reviewed the matter described above and have determined that the interest disclosed is not so substantial as to be deemed likely to affect the integrity of services expected from the above council member.

_____ SIGNATURE OF LOCAL APPOINTING OFFICIAL	_____ DATE
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RECEIVED &amp; FILED

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NOV 10 2003

1. Local Cultural Council (LCC) Name Acton Boxborough CC
2. LCC Member Name Mitzi Weil
3. Address 350 Burroughs Rd. Boxborough
4. Name of appointing official Boxborough BOS
5. Applications involved (Please give applicant names and the nature of the relationship between the LCC member and the applicant.)

## APPLICANT NAME &amp; MEMBER RELATIONSHIP

## REQUEST AMOUNT

Conant Blanchard Merriam Douglas  
Block Application

3000

Mitzi Serves on Enrichment Committee  
@ Blanchard PTF

6. Will you (or an immediate family member) receive money if this grant is awarded, either as an artist or as an employee of the applicant organization?

☐ YES ☒ NO  
 (Please check one.)

☛ If you answered "yes" to the above question, section "A" below must be completed.

SIGNATURE OF LCC MEMBER

DATE

SIGNATURE OF LCC CHAIR

DATE

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SIGNATURE OF TOWN/CITY CLERK

DATE

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SIGNATURE OF LOCAL APPOINTING OFFICIAL

DATE

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1. Local Cultural Council (LCC) Name Acton Boxborough L.C.C. EB
2. LCC Member Name Rosie Latta
3. Address 4 Molegan Rd. Acton
4. Name of appointing official Acton BOS
5. Applications involved (Please give applicant names and the nature of the relationship between the LCC member and the applicant.)

APPLICANT NAME & MEMBER RELATIONSHIP	REQUEST AMOUNT
<u>Merriam Pass Grant</u>	
<u>Rosie works @ that grade level</u>	

6. Will you (or an immediate family member) receive money if this grant is awarded, either as an artist or as an employee of the applicant organization? ☐ YES ☒ NO  
(Please check one.)

☛ If you answered "yes" to the above question, section "A" below must be completed.

<u>Rosie Latta</u>	<u>11.3.03</u>
SIGNATURE OF LCC MEMBER	DATE
<u>Jean Butler</u>	<u>11-3-0403</u>
SIGNATURE OF LCC CHAIR	DATE

**A. INTEREST EXEMPTION**

As clerk of the local legislative body, I certify that a disclosed interest in the above matter has been duly exempted by the local legislative body.

_____ SIGNATURE OF TOWN/CITY CLERK	_____ DATE
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